

Katherine W. Insogna (SBN 266326)

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 Attorney for Defendant MED3000, INC.

**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

<p>MEDSQUIRE, LLC</p> <p style="text-align: center;">v.</p> <p>SPRING MEDICAL SYSTEMS, INC. et al.</p>	<p style="text-align: center;">Plaintiff(s)</p> <p style="text-align: center;">Defendant(s)</p>	<p>CASE NUMBER:</p> <p style="text-align: center;">CV11-4504-JHN (PLAx)</p> <p style="text-align: center;"><b>ORDER ON APPLICATION OF NON-RESIDENT ATTORNEY TO APPEAR IN A SPECIFIC CASE</b></p>
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The Court, having reviewed proof of payment of the applicable fee and accompanying Application

of Kirsten R. Rydstrom , of Reed Smith LLP, 225 Fifth Avenue, Suite 1200, Pittsburgh, PA 15222  
*Applicant's Name* *Firm Name / Address*

412-288-7284 [krydstrom@reedsmit.com](mailto:krydstrom@reedsmit.com)  
*Telephone Number* *E-mail Address*

for permission to appear and participate in the above-entitled action on behalf of  Plaintiff  Defendant  
 Intervener or other interested person MED3000, INC.

and the designation of Katherine W. Insogna (SBN 266326)  
*Local Counsel Designee /State Bar Number*

of Reed Smith LLP, 355 S. Grand Ave., Suite 2900 Los Angeles, CA 90071  
*Local Counsel Firm / Address*

213.457.8000 [kinsogna@reedsmit.com](mailto:kinsogna@reedsmit.com)  
*Telephone Number* *E-mail Address*

as local counsel, hereby **ORDERS** the Application be:

- GRANTED
- DENIED. Fee shall be returned by the Clerk.
- DENIED. For failure to pay the required Pro Hac Vice appearance fee.

Dated \_\_\_\_\_

U. S. District Judge/U.S. Magistrate Judge